

MAR 16 2004

OFFICIAL

FACSIMILE COVER SHEET

CONFIDENTIAL AND PRIVILEGED

If there are any problems with this transmission, please call:

 David Bogart Dort
(202) 628-6600DATE: March 16, 2004 COVER SHEET & 8 PAGE(S)CLIENT NUMBER: 59489-8022.US02RETURN TO: (NAME) Sharon T. Yarborough (Ext.) 1779 (ROOM NO.) 800ORIGINAL DOCUMENT(S) WILL BE: SENT TO YOU HELD IN OUR FILES

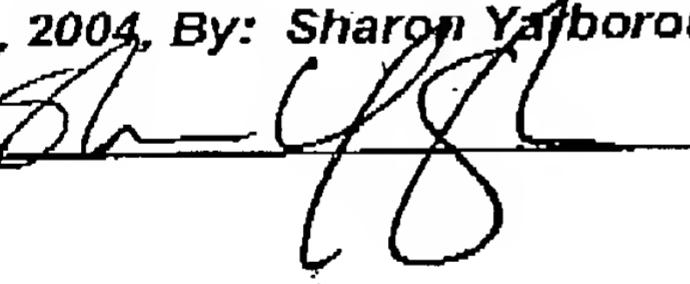
SENDER:	TELEPHONE:	FACSIMILE:
<u>David Bogart Dort</u>	<u>(202) 628-6600</u>	<u>(202) 434-1690</u>

RECIPIENT:	COMPANY:	TELEPHONE:	FACSIMILE:
<u>Examiner Jason M. Greene, Art Unit 1724</u>	<u>US Patent & Trademark Office, Centralized USPTO Fax Center</u>		<u>(703) 872-9306</u>

RE: U.S. Serial No.: 10/607,190

The Commissioner is authorized to deduct/credit Deposit Account No. 50-2283 (59489-8022.US02) to complete this procedure. Thank you.

Certificate of Faxing

*I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent & Trademark Office at (703) 872-9306.*On March 16, 2004, By: Sharon YarboroughSignature: 

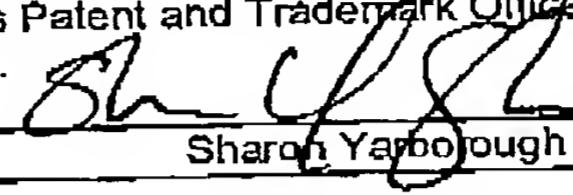
This Fax contains confidential, privileged information intended only for the intended addressee. Do not read, copy or disseminate it unless you are the intended addressee. If you have received this Fax in error, please email it back to the sender at perkinscoie.com and delete it from your system or call us (collect) immediately at 202.628.6600, and mail the original Fax to Perkins Coie LLP, 607 Fourteenth Street, N.W., Washington, D.C. 20005-2011.

ANCHORAGE - BEIJING - BELLEVUE - BOISE - CHICAGO - DENVER - HONG KONG - LOS ANGELES
MENLO PARK - OLYMPIA - PORTLAND - SAN FRANCISCO - SEATTLE - WASHINGTON, D.C.

Perkins Coie LLP (Perkins Coie LLC in Illinois)

Perkins
Coie607 Fourteenth Street, N.W.
Washington, D.C. 20005-2011
PHONE: 202.628.6600
FAX: 202.434.1690
www.perkinscoie.com

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is by transmitted by facsimile to Examiner Jason M. Greene of the United States Patent and Trademark Office at Art Unit 1724 at Fax No. 703-872-9306 on this 16th day of March, 2004. By: 
Sharon Yarborough

PATENT**UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE APPLICATION OF: ARQUIN ET AL.

SERIAL NO.: 10/607,109

FILED: JUNE 26, 2003

FOR: GAS PURIFICATION SYSTEM WITH AN
INTEGRATED HYDROGEN SORPTION
AND FILTER ASSEMBLY

EXAMINER: JASON M. GREENE

ART UNIT: 1724

CONFIRMATION NO.: 5423

Mail Stop: Box No-Fee Amendment
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith are the following documents for the above-referenced application:
 Response to the Notice of Non-Compliant Amendment

STATUS

Applicant is:
 other than a small entity.

EXTENSION OF TIME

Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 410.00	\$205.00

Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

If an additional extension of time is required please consider this a petition therefor.
 An extension for ___ months has already been secured and the fee paid therefor of \$0.00 is deducted from the total fee due for the total months of extension now requested: No Extension fee due with this request

FEE FOR CLAIMS

The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below.

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY Filing Fee: \$375.00		OR	OTHER THAN A SMALL ENTITY Filing Fee: \$750.00	
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fec		Rate	Addit. Fee
			x 9 =	\$	x 18 =	\$ 0	
Total	11	Minus					
*							
Indep.	2	Minus	3	x 42 =	\$	x 84 =	\$ 0
*							
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ 140 =	\$	x 280 =	\$ 0
				TOTAL ADDIT. FEE	\$	OR	TOTAL ADDIT. FEE
							\$ 0

No additional fee for claims required.
 Total additional fee for claims required \$0.00

FEE PAYMENT

Attached is check No. _____ the sum of \$ _____ as payment for ____ () month extension.

Charge Account No. 50-2283 the sum of.

Fee Deficiency

The Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2283 (59489-8022.US02).

Respectfully submitted,

David Bogart Dor
Reg. No. 50,213

Date: March 16, 2004

Correspondence Address:

Customer No. 22918
Perkins Coie LLP
101 Jefferson Drive
Menlo Park, CA 94205-1114
Telephone: (202) 434-1608 (Local)
Facsimile: (202) 434-1690
E-Mail: ddort@perkinscoie.com